

Mail Application to:

List Coordinator
 Administrative Office
 Probate and Family Court Dept.
 2 Center Plaza, Suite 210
 Boston MA 02108

Application

to the
Probate and Family Court Department
 for appointment as
Guardian *ad Litem*/Evaluator
 in actions involving:

For court use only

Reviewed _____

Entered _____

Care and Custody of Children — G.L. c. 215, § 56A

Name: _____

(Street and Number)

Firm Name: _____

(Street and Number)

Address: _____

(Street and Number)

(City or Town)

(State)

(Zip Code)

Telephone No. _____

(_____) (Area Code)

License # _____

E-Mail Address _____

CATEGORY

E

I am licensed to practice medicine or psychology, or I am a licensed independent clinical social worker, a licensed marriage and family therapist, a licensed rehabilitation counselor or a licensed mental health counselor.

Specifically, I certify that I have been licensed as a _____ by the Board of Registration in _____ since _____, that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.

I further certify that :

- ☐ I have had at least three years of experience since I received my license performing clinical evaluations and/or providing therapy with family members involved in or subject to court proceedings which included issues of child custody and visitation in paternity, guardianship of minor, state intervention, divorce and post divorce cases, **or**
- ☐ I have a doctorate in clinical psychology, I am licensed to practice psychology, and I have had at least four years of experience, since obtaining my doctorate in clinical psychology, performing clinical evaluations and/or providing therapy with family members involved in or subject to court proceedings which included issues of child custody and visitation in paternity, guardianship of minor, state intervention, divorce and post divorce cases, and the four years of practice were under the supervision of or in collaboration with the following licensed psychologist(s): _____

I have currently in effect professional liability insurance with coverage of \$100,000 or more. The insurance company which issued the policy is:

(Name of Company)

The policy number is:

(Policy Number)

The limits of liability are:

(Limits of Liability)

I request and I **WILL** accept appointments from the following (not more than **four**) divisions of the Probate and Family Court Department:

- ☐ Barnstable ☐ Berkshire ☐ Bristol ☐ Dukes ☐ Essex ☐ Franklin ☐ Hampden
- ☐ Hampshire ☐ Middlesex ☐ Nantucket ☐ Norfolk ☐ Plymouth ☐ Suffolk ☐ Worcester

Please ☐ do ☐ do **not** include my name on the list for Category **F, Guardian *ad litem*/ investigator**, G.L. c. 215, § 56A; c. 208, § 16; **Guardian *ad litem*/next friend**, G.L. c. 201, § 36

I understand that I will be required each year, after 2001, to complete six hours of continuing professional education in the child custody/visitation field to remain on the list for these appointments. I agree that, if I am appointed as a guardian *ad litem* and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven days of the request. I understand that, to remain on the list, I must mail to the List Coordinator each November, after 2000, a certificate of my good standing with the Board of Registration dated that November.

I have attached to this Application **a copy of my resume** and **a certificate** of my good standing with the Board of Registration which issues my license. The certificate was issued not more than 30 days ago.

I certify under the penalties of perjury that all of the above information is true.

Date: _____

(Signature of Applicant)